

The Acorn Group Practice - Jackson

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to The Acorn Group Practice - Jackson	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

The Acorn Group Practice - Jackson, located in Twickenham in the London Borough of Richmond upon Thames in south-west London, provides a general practice service to around 8,000 patients.

We carried out an announced comprehensive inspection on 30 October 2014. The inspection took place over one day and was undertaken by a lead inspector, along with a GP advisor, a specialist advisor with a background in practice management and an Expert by Experience. We looked at a range of records, spoke with patients, members of the patient participation group (PPG), and staff including the management team.

Overall the practice is rated as Good.

Our key findings were as follows:

- The service is safe. There were systems in place for reporting, recording and monitoring significant events to

help provide improved care. Staff were clear of their roles in regards to monitoring and reporting of incidents, safeguarding vulnerable people and children, and following infection prevention and control guidelines.

- The service is effective. Staff shared best practice through internal arrangements and meetings and also by sharing knowledge and expertise with external consultants and other GP practices. There was a strong multidisciplinary input in the service delivery to improve patient outcomes.
- The service is caring. Feedback from patients about their care and treatment via the national and practice-run surveys was very positive. Patients were treated with kindness and respect and felt involved in their care decisions. Almost all the comment cards completed by patients who used the service in the two weeks prior to our inspection visit had very positive comments about the care and service provided by the surgery.
- The service is responsive to people's needs. The practice has an active Patient Participation Group (PPG) and worked with them to improve the service. The practice was responsive to the needs of vulnerable patients and

Summary of findings

there was a strong focus on caring and on the provision of patient-centred care. Information on health promotion and prevention, on the services provided by the practice and on the support existing in the community was available for patients.

- The service is well-led. The practice has a clear vision and strategic direction and was well-led. Staff were suitably supported and patient care and safety was a high priority.

All the population groups including older people; people with long term conditions; mothers, babies, children and

young people; the working age populations and those recently retired; people in vulnerable circumstances and people experiencing poor mental health received care that was safe, effective, caring, responsive and well-led.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

Ensure the infection control audits cover different aspects of infection prevention and control including hand hygiene, use of personal protective equipment and environment cleanliness.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated good for safe.

We found that suitable arrangements were in place for medicines management, infection control, staff recruitment, and dealing with medical emergencies. There were systems and processes in place, and staff we spoke with understood their responsibilities to raise concerns and report incidents. There was a culture of reporting, sharing and learning from incidents within the organisation. Staff were trained and aware of their responsibilities for safeguarding vulnerable adults and child protection. The equipment and the environment were well maintained, and staff followed suitable infection control practices. However the infection control audits need to be more detailed. Vaccines and medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

Good



Are services effective?

The practice is rated good for effective.

The practice worked with other health and social care services, and information was shared with relevant stakeholders such as the Clinical Commissioning Group (CCG) and NHS England. There were suitable systems in place for assessment of patient needs, and care and treatment was delivered in line with current legislation and best practice. Audits of various aspects of the service were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development.

Good



Are services caring?

The practice is rated good for caring.

The patients and carers we spoke with were complimentary of the care and service that staff provided and told us they were treated with dignity and respect. They felt well informed and involved in decisions about their care. In our observations on the day we found that staff treated patients with empathy and respect. Data showed that patients rated the practice higher than others for several aspects of care.

Good



Are services responsive to people's needs?

The practice was rated good for responsive.

Patients' needs were suitably assessed and met. There was good access to the service with urgent appointments available the same

Good



Summary of findings

day. Feedback from patients was obtained proactively and the service acted accordingly. The practice learnt from patients' experiences, concerns and complaints to improve the quality of care. The practice was responsive to the needs of the vulnerable patients, those who were homeless and those with disabilities. The treatment and consulting room, the reception area and the patient toilets on the ground floor were wheelchair accessible.

Are services well-led?

The practice is rated as good for well-led.

The practice was well-led and had a clear vision and strategy to deliver good care and service to its patients and the community. The culture within the practice was one of openness, transparency and of learning and improvement. There was a clear leadership structure and staff felt supported by management. Risks to the effective delivery of the service were assessed and there were suitable business continuity plans in place. The practice had an active patient participation group (PPG). The staff were well supported, worked closely together and felt able to raise concerns. Meetings were undertaken regularly, and staff received suitable training and appraisals.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

The practice was responsive to the needs of older people including those with dementia. Older people were cared for with dignity and respect and there was evidence of working with other health and social care providers to provide safe care. Support was available in terms of home visits and rapid access appointments for terminally ill and housebound patients.

Good



People with long term conditions

The practice is rated as good for the care of patients with long term conditions (LTCs).

The care of patients with conditions such as cardiovascular diseases, diabetes mellitus, asthma and chronic obstructive pulmonary disease (COPD) was based on national guidance and clinical staff had the knowledge and skills to respond to their needs. The care and medicines of patients in this group were reviewed regularly and staff worked with other health and care professionals to ensure a multi-disciplinary approach for patients with complex needs.

Good



Families, children and young people

The practice is rated as good for the population group of families, children and young people.

There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had. Staff had received training on child protection which included Level 3 for GPs and nurses. There was evidence of joint working with other professionals including midwives and health visitors to provide good antenatal and postnatal care. Childhood immunisations were administered in line with national guidelines and the coverage for all standard childhood immunisations was relatively high.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the population group of the working-age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and there were a variety of

Good



Summary of findings

appointment options available to patients such as on-line booking and extended hours. The practice offered health checks, travel vaccinations and health promotion advice including on smoking cessation.

People whose circumstances may make them vulnerable

The practice is rated as good for the population group of people whose circumstances may make them vulnerable.

People attending the practice were protected from the risk of abuse because reasonable steps had been taken to identify the possibility of abuse. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing and staff we spoke with were aware of their responsibilities in identifying and reporting concerns. The practice worked with other health and social care professionals to ensure a multi-disciplinary input in the case management of vulnerable people. The practice was signed up to the learning disability direct enhanced service (DES) to provide an annual health check for people with a learning disability to improve their health outcomes.

Good



People experiencing poor mental health (including people with dementia)

The practice provided a caring and responsive service to people experiencing poor mental health.

The practice was signed up to the dementia local enhanced service (LES) to provide care and support for people with dementia. The services were planned and co-ordinated to ensure that people's needs were suitably assessed and met.

Review of care records of patients with dementia and mental health issues showed they were receiving regular reviews of their health, adequate multi-disciplinary input and support from the community mental health teams.

Good



Summary of findings

What people who use the service say

The patients we spoke with on the day of our visit told us that they were treated with kindness and respect both by doctors and nurses and by the practice reception staff. We received 31 comment cards from patients who attended the practice during the two weeks before our inspection and almost all were complimentary of the care they received from the surgery staff.

The 2013/14 GP survey results (latest results published in July 2014) showed that 93% of respondents said the last GP they saw or spoke to was good at listening to them and 89% of respondents said the last GP they saw or

spoke to was good at treating them with care and concern. Ninety six percent of the respondents said the last appointment they got was convenient and 86% found the receptionists at the surgery helpful.

In the 2014 PPG patient survey, 92% of the respondents gave a score of 4 or 5 (on a scale of 1-5 where 5 was agree; 1 disagree) in response to the question 'I am confident in the care given to me by the doctors and nurses'. Ninety two per cent of the respondents gave a score of 4 or 5 in response to the question 'The doctors involve me in decisions about my care' and 96% of the respondents gave a score of 4 or 5 in response to the question 'The reception staff are helpful and friendly.'

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the infection control audits cover different aspects of infection prevention and control including hand hygiene, use of personal protective equipment and environment cleanliness.

The Acorn Group Practice - Jackson

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP, a specialist advisor with experience of practice management and an Expert by Experience.

Background to The Acorn Group Practice - Jackson

The surgery is located in Twickenham in the London Borough of Richmond upon Thames in south-west London, and provides a general practice service to around 8,000 patients.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning; and maternity and midwifery services at one location.

The practice has a General Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services and minor surgery. [The General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.]

The practice is currently open five days a week from 8:00 am to 6:30 pm. In addition, the practice offers extended

opening hours from 6:30 pm to 8:15 pm every Tuesday. The practice GPs do not provide an out-of-hours service to their own patients and patients are signposted to out-of-hours service when the surgery is closed.

The practice had a higher than average percentage of patients in the 30-39 year age group.

The surgery is a GP teaching practice, has three partners (two male and one female), and one salaried GP along with a GP registrar who undertake the clinical sessions Monday-Friday. There is one nurse and one health care assistant and the practice also has a practice manager, senior receptionist, and support team including receptionists, summariser, scanner and secretarial staff.

There were no previous performance issues or concerns about this practice prior to our inspection.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

This provider had not been inspected before and that was why we included them.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 October 2014. During our visit we spoke with a range of staff (GP partners, practice manager and the administrative and reception staff), members of the Patient Participation Group (PPG) and seven patients who used the service. We observed interaction between staff and patients in the waiting room. We reviewed 31 comment cards where patients shared their views and experiences of the service. We looked at a range of records, documents and policies and observed staff interactions with patients in the waiting area.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe Track Record

The practice had a good track record for maintaining patient safety. The practice manager told us of the arrangements they had for receiving and sharing safety alerts from other organisations such as the Medicines and Healthcare Products Regulatory Authority (MHRA) and NHS England. The practice had a policy and a significant event toolkit to report the incidents and the practice manager showed us the processes around reporting and discussions of incidents. Significant events were reviewed regularly and staff we spoke with were aware of identifying concerns and issues and reporting them appropriately.

Learning and improvement from safety incidents

The practice had an effective system in place for reporting, recording and monitoring incidents and significant events. There was evidence of learning and actions taken to prevent similar incidents happening in the future. For example, following an incident involving mistaken patient identity, the error was rectified and staff retraining on booking an appointment undertaken with emphasis on patient warnings to be read and followed. We reviewed a sample of the eight incidents that had been reported since December 2013. Records showed evidence of discussion and learning, and staff we spoke with were aware of the significant event reporting protocols and knew how to escalate any incidents. They were aware of the forms they were required to complete and knew who to report any incidents to at the practice.

Reliable safety systems and processes including safeguarding

The practice had policies in place relating to the safeguarding of vulnerable adults, child protection and whistleblowing. One of the partners was the designated lead for safeguarding. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues. Clinical staff including the GPs and the nurse had completed Level 3 child protection training and the reception staff had received Level 1 training. Staff had also received training in safeguarding of vulnerable adults and clinical staff were required to have a criminal records (now the Disqualification and Barring Scheme) check. The contact details of the local area's child protection and adults safeguarding departments were accessible to staff if

they needed to contact someone to share their concerns about children or adults at risk. The practice had an up to date chaperone policy in place which provided staff with information about the role of a chaperone and staff were aware of their role and responsibilities.

Medicines Management

The practice had procedures in place to support the safe management of medicines. Medicines and vaccines were safely stored, suitably recorded and disposed of in accordance with recommended guidelines. We checked the emergency medicines kit and found that all medicines were in date. The vaccines were stored in suitable fridges at the practice and the practice maintained a log of temperature checks on the fridge. Records showed all recorded temperatures were within the correct range and all vaccines were within their expiry date. Staff were aware of protocols to follow if the fridge temperature was not maintained suitably. No Controlled Drugs were kept on site.

GPs followed national guidelines and accepted protocols for repeat prescribing. All scripts were reviewed and signed by GPs. Medication reviews were undertaken regularly and GPs ensured appropriate checks had been made before prescribing medicines like Methotrexate. We looked at six documents where methotrexate had been prescribed and found blood tests had been undertaken at regular intervals before repeat prescriptions were issued.

Cleanliness and Infection Control

Effective systems were in place to reduce the risk and spread of infection. There was a designated infection prevention and control lead. Staff had received training in infection prevention and control and were aware of infection control guidelines. Staff told us they had access to appropriate personal protective equipment (PPE), such as gloves and aprons. There was a cleaning schedule in place to ensure each area was cleaned on a regular basis. The area around the reception desk and all communal areas were clean, fresh smelling and in good repair. Waste including sharps were disposed of appropriately. Hand washing sinks, hand cleaning gel and paper towels were available in the consultation and treatment rooms. Equipment such as blood pressure monitors, examination couches and weighing scales were clean. Cleaning checks were undertaken regularly and an infection control audit, that however, only covered waste management had been undertaken in September 2014. The practice may wish to

Are services safe?

note that infection control audits should also cover various other infection prevention and control issues such as hand hygiene, availability and use of personal protective equipment, and environment cleanliness. Clinical waste was collected by an external company and consignment notes were available to demonstrate this. The practice had obtained advice regarding Legionella testing and as their water supply did not involve any on-site storage they were advised it did not require testing for Legionella.

Equipment

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable appliance testing (PAT) and calibrations, where applicable. These tests had been undertaken within the last year.

Staffing and Recruitment

A staff recruitment policy was available and the practice was aware of the various requirements including obtaining proof of identity, proof of address, references and undertaking criminal records (now the Disqualification and Barring Scheme) checks before employing staff. We looked at a sample of staff files and found evidence of appropriate checks having been undertaken as part of the recruitment process.

The practice manager told us that in light of guidance issued by the Care Quality Commission (mythbusters) they had made a decision to start undertaking DBS checks for non-clinical staff.

Rotas showed safe staffing levels were maintained and procedures were in place to manage planned and unexpected absences.

Monitoring Safety and Responding to Risk

The practice manager explained the systems that were in place to ensure the safety and welfare of staff and the people using the service. Risk assessments of the premises including trips and falls, Control of Substances Hazardous to Health (COSHH), security, and fire had been undertaken. The fire alarms were tested monthly. Regular maintenance of equipment was undertaken and records showing annual testing of equipment and calibration were available. The reception area could only be accessed via lockable doors to ensure security of patient documents and the computers.

Arrangements to Deal with Emergencies and Major Incidents

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. The practice had an availability of emergency medicines and equipment such as oxygen, masks, nebulisers, pulse oximeter, ECG machine and a defibrillator were available and these were checked regularly.

A business continuity plan was available and the practice manager told us of the contingency steps they could undertake if there would be any disruption to the premises' computer system, central heating, and telephone lines. They told us of the arrangements they had with a neighbouring practice and a local health care centre to ensure patient care could be undertaken with minimal disruption in the event of such incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs reviewed incoming guidelines such as those from the National Institute for Health and Care Excellence (NICE) and if considered relevant they were discussed in practice clinical meetings and by e-mails. Clinical staff demonstrated how they accessed NICE guidelines and used them in practice. There was evidence of a good working relationship between the professionals to ensure information was cascaded suitably and adapted accordingly.

There was evidence that staff shared best practice via internal arrangements and meetings. The practice had internal as well as an external peer reviewed referral management system (Richmond Clinical Assessment Service-RCAS) whereby all referrals were reviewed by an experienced doctor to decide the best option for assessment and treatment.

As part of the unplanned admissions Directed Enhanced Service (DES), care plans had been put in place for two percent of the practice patients who met the criteria to avoid unplanned admissions to hospital. [GPs are contracted to provide core (essential and additional) services to their patients. The extra services they can provide on top of these are called Enhanced Services. One of the types of enhanced service is Directed Enhanced Service (DES) where it must be ensured that a particular service is provided for the population.]

Management, monitoring and improving outcomes for people

The practice had systems in place to monitor and manage outcomes to help provide improved care. GPs and the practice manager were actively involved in ensuring important aspects of care delivery such as significant incidents recording, child protection alerts management, referrals and medicines management were being undertaken suitably. Clinical audits such as audit of prescribing of antibiotics had been undertaken by the practice to monitor their compliance with current guidance.

Regular clinical meetings took place with multi-disciplinary attendance to ensure learning and to share information.

There was evidence from review of care that patients with dementia, learning disabilities and those with mental health disorders received suitable care with an annual review of their health and care plan.

Medicines and repeat prescriptions were issued based on nationally accepted guidelines. In our discussions with four clinicians we reviewed 16 care records and found that prescriptions matched the working diagnosis and the repeat prescriptions had been reviewed when altering or adding medicines. Appropriate clinical monitoring such as regular blood tests had been undertaken in all six cases that were on high risk medicines such as Methotrexate.

Effective staffing

All new staff were provided with an induction and we saw an induction checklist that ensured new staff were introduced to relevant procedures and policies. The practice had identified key training including infection control, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities.

There was evidence of appraisals and performance reviews of staff being undertaken. There were appraisal processes for GPs and one of them had recently received a revalidation. (Revalidation is the process by which doctors demonstrate they are up to date and fit to practise.) Staff we spoke with told us they were clear about their roles, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. Staff were encouraged to develop within their role and the practice shared with us evidence where flexible working hours had been put in place to support staff with external training courses. The practice manager told us they would be putting in place a training session on equality, diversity and human rights for staff.

Working with colleagues and other services

The practice worked with other providers and health and social care professionals to provide effective care for people. There was evidence of close working relationships with hospitals in the area including Teddington Memorial Hospital and West Middlesex and Kingston Hospitals.

The practice had regular multi-disciplinary team meetings with other professionals including palliative nurses, community matrons, social workers, CCG pharmacist and

Are services effective?

(for example, treatment is effective)

district nurses to ensure people with complex illnesses, long term conditions, housebound and vulnerable patients received co-ordinated care. We saw that blood test results, hospital discharge letters, communications from other providers including out of hours provider were acted on promptly.

Information Sharing

Regular meetings were held in the practice to ensure information about key issues was shared with relevant staff. The practice was actively involved in work with peers, other healthcare providers and the local CCG. We were told that the practice was very open to sharing and learning and engaged openly on pathways and multi-disciplinary team meetings.

The practice website provided a wealth of information for patients including the services available at the practice, health alerts and latest news. Information leaflets and posters about local services were available in the waiting area.

Consent to care and treatment

All GPs we spoke with were aware of the requirements of the Mental Capacity Act (2005), Gillick competency and their responsibilities with regards to obtaining and

recording consent. Staff told us that consent was recorded on patient notes and if there were any issues they were discussed with a carer or parent. We reviewed examples of care of patients with learning disabilities and dementia and noted that standard guidelines had been used to obtain and record consent and decisions had been taken in the best interests of patients.

Health Promotion & Prevention

There was a range of information available to patients on the practice website and in the waiting areas that included leaflets and posters providing information on the various services, flu vaccinations and smoking cessation. Data showed 79.53% of patients with a status recorded as smoker had been offered advice about smoking cessation.

The GPs told us they could refer patients with obesity and eating disorders to support from specialist community teams. Data available to us showed that the practice was achieving about 95.7% coverage for the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, acellular pertussis (whooping cough), poliomyelitis and Hemophilus influenzae type b), Meningitis C and MMR vaccination for children. All new patients registering with the practice were offered a health check which was undertaken by the practice nurses.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

The 2013/14 GP survey results (latest results published in July 2014) showed that 93% of respondents said the last GP they saw or spoke to was good at listening to them and 89% of respondents said the last GP they saw or spoke to was good at treating them with care and concern. 86% found the receptionists at the surgery helpful.

We spoke with seven patients on the day of our visit. They stated that the GPs were caring, and that they were treated with dignity and respect. Patients were requested to complete CQC comment cards to provide us with feedback on the practice. We received 31 completed cards. Almost all the comment cards we received had very positive comments about the staff and the care people had received. People told us they were very happy with the medical care and treatment at the practice.

The practice phones were located and managed at the reception desk. The practice staff told us that they could take calls at the back of the reception area to ensure privacy.

A notice setting out chaperoning arrangements was displayed outside the treatment rooms. GP and nurse consultations were undertaken in consulting rooms, which ensured privacy for patients. Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity. We observed staff interactions with patients in the waiting area and at the reception desk and noted that staff ensured patients' respect and dignity at all times. All consultations and treatments were carried out in the privacy of a consulting room and we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

In the 2014 PPG patient survey, 92% of the respondents gave a score of 4 or 5 (on a scale of 1-5, where 5 was agree; 1 disagree) in response to the question 'I am confident in the care given to me by the doctors and nurses'. 92% of the respondents gave a score of 4 or 5 in response to the question 'The doctors involve me in decisions about my care' and 96% of the respondents gave a score of 4 or 5 in response to the question 'The reception staff are helpful and friendly.'

All patients we spoke with on the day of our visit were happy and satisfied with the care they were receiving from the practice. They stated that the GPs were caring and listened to them and they felt involved in decisions relating to their care and treatment.

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Healthcare leaflets were available for patients, and posters with healthcare information were displayed in the waiting area and consultation rooms. The practice's website provided information ranging from the various services, clinic times, newsletters to the various activities being undertaken by the practice. Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

The practice website offered patients information as to what to do in time of bereavement. The practice manager and senior receptionist showed us an example where a person had been provided support in time of their bereavement. They also told us that where relevant they could signpost people to support and counselling facilities in the community following a death.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the service was responsive to people's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, people with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. We reviewed a sample of care records and found that people with long term conditions such as diabetes, and those with learning disabilities, dementia and mental health disorders received regular medicines review and also an annual review of their care.

The practice was involved with their Patient Participation Group (PPG) and feedback from patients was obtained proactively and the service acted accordingly to improve care delivery. There were regular meetings attended by the practice manager and one of the GPs. Patient surveys to obtain feedback on different aspects of care delivery were undertaken annually.

The practice had multi-disciplinary meetings with external professionals to discuss the care of patients including those receiving end-of-life care, new cancer diagnoses and also safeguarding issues, significant events, unplanned admissions and A&E attendances.

The practice used risk profiling which helped clinicians detect and prevent unwanted outcomes for patients. The work associated with the delivery of various aspects of the Directed Enhanced Services (DES) was undertaken suitably and monitored. For example, under the unplanned admissions DES, people had been risk profiled and care plans put in place for those identified as at high risk of unplanned hospital admission.

Tackling inequity and promoting equality

There were arrangements to meet the needs of the people for whom English was not the first language. Staff told us they could arrange for interpreters and also could use online resources to help with language interpretation.

The practice demonstrated an awareness and responsiveness to the needs of those whose circumstances made them vulnerable. We observed reception staff supporting a patient with visual impairment and. Facilities

for disabled people included an induction loop on the reception desk for patients with hearing disability, a lower reception desk for people in wheelchairs and a disabled toilet. Baby changing facilities were available as well.

We were told that longer appointments could be scheduled for patients with learning disabilities. Review of care of people with learning disabilities showed that they were receiving suitable care and had received an annual review within the last year.

There was an open policy for treating everyone as equals and there were no restrictions in registering. Homeless travellers were registered and seen without any discrimination.

Access to the service

The surgery had clear, obstacle free access with fully automated opening doors. Doorways and hallways were wide enough to accommodate wheelchairs of all sizes. The waiting area had suitable seating with a good mix of seats with and without armrests.

The practice had a GMS contract and provided a range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning clinic, contraception services and minor surgery.

The practice was currently open five days a week from 8:00 am to 6:30 pm. In addition, the practice offered extended opening hours from 6:30 pm to 8:15 pm every Tuesday.

The practice maintained a user-friendly website with information available for patients including the services provided, home visits, health promotion, obtaining test results, joining the PPG, PPG minutes, meeting agendas, booking appointments and ordering repeat prescriptions. There were in excess of 30 information leaflets providing meaningful and relevant information on various conditions, health promotion, support organisations and alternative care providers.

Appointments could be booked by phone, online and in person. The practice had responded to people's concerns and had introduced changes in the telephone booking systems to improve accessibility.

Most patients we spoke with were happy with the appointments system currently in place. They said appointments were easy to get and were available at a time that suited them.

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us that for urgent needs patients could be seen by a doctor on the same day. They told us that under 5s and young people were given priority and were seen the same day by the GP.

Information was available via the answer phone and the practice's website, providing the telephone number people should ring if they required medical assistance outside of the practice's opening hours.

Listening and learning from concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints.

The practice also had a system in place for analysing and learning from complaints received. The practice reviewed complaints on an annual basis to detect any emerging themes. We reviewed a sample of nine complaints in the period December 2013 to October 2014 and found that actions were taken and learning implemented following the complaints. This helped ensure improvements in the delivery of care. For example, in one case where a complaint had been raised about the difficulty in contacting the practice and obtaining appointment, there was evidence of prompt action to respond to the complainant. In addition, the practice manager held a workshop with receptionists and also held discussions with the PPG about how to manage that issue.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and Strategy

The surgery had a practice charter and a statement of purpose which outlined the practice's aims and objectives and laid out patients' responsibilities as well as their rights. All the staff we spoke with described the culture as supportive, open and transparent. The receptionists and all staff were encouraged to report issues and patients' concerns to ensure those could be promptly managed. Staff we spoke with demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff felt valued and were signed up to the practice's progress and development.

Governance Arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures, including human resources policies were in place, and there was effective monitoring of various aspects of care delivery. We looked at a sample of these policies which were all up to date and accessible to staff.

Staff were aware of lines of accountability and who to report to. The practice had regular meetings involving GPs, practice manager and receptionists. Meeting minutes showed evidence of good discussions of various issues facing the practice.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

There was a culture of learning and auditing and a number of clinical audits had been completed for example on antibiotic prescribing.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed risk assessments had been carried out where risks were identified and action plans had been produced and implemented.

Leadership, openness and transparency

The practice was led by the partners and a practice manager. Discussions with staff and meeting minutes

showed team working and effective, inclusive leadership. There was a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and one of the partners was the lead for safeguarding. We spoke with ten members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

Practice seeks and acts on feedback from users, public and staff

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. There was evidence of regular meetings and PPG members' involvement in undertaking patient surveys. The practice was engaged with the Richmond CCG, the local network and peers. We found the practice open to sharing and learning and engaged openly in multi-disciplinary team meetings.

We found evidence that the practice responded to feedback from patients as was evidenced by the changes made to availability of telephone appointments. The practice manager showed us the analysis of the last patient survey which was considered in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website.

Staff were supported in their professional and personal development and we saw evidence where a staff member was provided flexible working hours to help them complete their external professional course. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistle blowing policy which was available to all staff.

Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt from incidents and significant events, patient feedback and complaints and, errors to ensure improvement. The GPs provided peer support to each other and also accessed external support to help improve care delivery.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice had completed reviews of significant events and other incidents and shared with staff via meetings to ensure the practice improved outcomes for patients.